

Personnel Module: NFIRS 10
Scenario 10-2 Answers

NFIRS 5.0 SELF STUDY PROGRAM

APPENDIX A

A FDID <input type="text" value="92188"/> State <input type="text" value="VA"/> Incident Date <input type="text" value="05/03/2002"/> Station <input type="text" value="001"/> Incident Number <input type="text" value="0005455"/> Exposure <input type="text" value="000"/> <div style="float: right;"> <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity </div>		NFIRS - 1 Basic	
B Location <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B "Alternative Location Specification". Use only.			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Street address <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input checked="" type="checkbox"/> Adjacent to <input type="checkbox"/> Directions </div> <div style="width: 35%;"> Census Tract <input type="text" value="0501"/> <input type="text" value="20"/> MM 73 DD 1-95 Number/Milepost Prefix Street or Highway Apt./Suite/Room City State Zip Code Near Exit 2B <small>Cross street or directions, as applicable</small> </div> </div>			
C Incident Type <input type="text" value="111"/> Passenger Vehicle Incident Type		E1 Dates & Times Midnight is 0000 Check boxes if dates are the same as Alarm Date. Alarm <input type="checkbox"/> Arrival <input type="checkbox"/> Controlled <input type="checkbox"/> Last Unit Cleared <input type="checkbox"/>	
D Aid Given or Received <input type="checkbox"/> Mutual aid received <input type="checkbox"/> Automatic aid recv. <input type="checkbox"/> Mutual aid given <input type="checkbox"/> Automatic aid given <input type="checkbox"/> Other aid given <input checked="" type="checkbox"/> None		E2 Shifts & Alarms Local Option <input type="text" value="C"/> Shift or platoon <input type="text" value="A05"/> Alarms District	
E3 Special Studies Local Option Special Study ID# <input type="text"/> Special Study Value <input type="text"/>			
F Actions Taken <input type="text" value="11"/> Extinguish Primary Action Taken (1) Additional Action Taken (2) Additional Action Taken (3)		G1 Resources <input type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus <input type="text" value="2"/> Personnel <input type="text" value="6"/> EMS <input type="text" value="0"/> Other <input type="text" value="0"/>	
G2 Estimated Dollar Losses & Values LOSSES: Required for all fires if known. Optional for non Property \$ <input type="text" value="26"/> <input type="text" value="000"/> Contents \$ <input type="text" value="0"/> <input type="text" value="000"/> PRE-INCIDENT VALUE: Optional Property \$ <input type="text"/> <input type="text"/> <input type="text"/> Contents \$ <input type="text"/> <input type="text"/> <input type="text"/>			
Completed Modules <input type="checkbox"/> Fire-2 <input type="checkbox"/> Structure-3 <input type="checkbox"/> Civilian Fire Cas.-4 <input type="checkbox"/> Fire Serv. Casualty-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input type="checkbox"/> Apparatus-9 <input type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11		H1 Casualties <input checked="" type="checkbox"/> None Fire Deaths Injuries Service <input type="text"/> <input type="text"/> Civilian <input type="text"/> <input type="text"/> H2 Detector Required for confined fires. <input type="checkbox"/> Detector alerted occupants <input type="checkbox"/> Detector did not alert them <input type="checkbox"/> Unknown	
H3 Hazardous Materials Release <input checked="" type="checkbox"/> None <input type="checkbox"/> Natural gas: slow leak, no evacuation or HazMat actions <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill) <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable storage <input type="checkbox"/> Household solvents: home/office spill, cleanup only <input type="checkbox"/> Motor oil: from engine or portable container <input type="checkbox"/> Paint: from paint cans totaling <55 gallons <input type="checkbox"/> Other: Special HazMat actions required or spill > 55 gal., Please complete the HazMat form		I Mixed Use Property <input checked="" type="checkbox"/> Not mixed <input type="checkbox"/> Assembly Use <input type="checkbox"/> Education use <input type="checkbox"/> Medical use <input type="checkbox"/> Residential use <input type="checkbox"/> Row of stores <input type="checkbox"/> Enclosed mall <input type="checkbox"/> Business & residential <input type="checkbox"/> Office use <input type="checkbox"/> Industrial use <input type="checkbox"/> Military use <input type="checkbox"/> Farm use <input type="checkbox"/> Other mixed use	
J Property Use <input type="text"/> Structures <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Church, place of worship <input type="checkbox"/> Restaurant or cafeteria <input type="checkbox"/> Bar/tavern or nightclub <input type="checkbox"/> Elementary school or kindergart. <input type="checkbox"/> High school or junior high <input type="checkbox"/> College, adult ed. <input type="checkbox"/> Care facility for the aged <input type="checkbox"/> Hospital </div> <div style="width: 30%;"> <input type="checkbox"/> Clinic, clinic type infirmary <input type="checkbox"/> Doctor/dentist office <input type="checkbox"/> Prison or jail, not juvenile <input type="checkbox"/> 1- or 2- family dwelling <input type="checkbox"/> Multi-family dwelling <input type="checkbox"/> Rooming/boarded house <input type="checkbox"/> Commercial hotel or motel <input type="checkbox"/> Residential, board and care <input type="checkbox"/> Dormitory/barracks <input type="checkbox"/> Food and beverage sales </div> <div style="width: 30%;"> <input type="checkbox"/> Household goods, sales, repairs <input type="checkbox"/> Motor vehicle/boat sales/repairs <input type="checkbox"/> Gas or service station <input type="checkbox"/> Business office <input type="checkbox"/> Electric generating plant <input type="checkbox"/> Laboratory/science lab <input type="checkbox"/> Manufacturing plant <input type="checkbox"/> Livestock/poultry storage (barn) <input type="checkbox"/> Non-residential parking garage <input type="checkbox"/> Warehouse </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Playground or park <input type="checkbox"/> Crops or orchard <input type="checkbox"/> Forest (timberland) <input type="checkbox"/> Outdoor storage area <input type="checkbox"/> Dump or sanitary landfill <input type="checkbox"/> Open land or field </div> <div style="width: 30%;"> <input type="checkbox"/> Vacant lot <input type="checkbox"/> Graded/cared for plot of land <input type="checkbox"/> Lake, river, stream <input type="checkbox"/> Railroad right of way <input type="checkbox"/> Other street <input checked="" type="checkbox"/> Highway/divided highway <input type="checkbox"/> Residential street/driveway </div> <div style="width: 30%;"> <input type="checkbox"/> Construction site <input type="checkbox"/> Industrial plant yard </div> </div> <div style="margin-top: 10px;"> Look up and enter a Property Use code only if you have NOT checked a Property Use box: <input type="text"/> </div>			

NFIRS-1 Revision

**NFIRS 5.0 SELF STUDY PROGRAM
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K1 Person/Entity Involved

Local Option ☐ Business name (if applicable) _____ Area Code _____ Phone Number _____

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

☒ Mr., Ms., Mrs. ☒ Robert ☐ L Anderson ☐ Suffix

Number Prefix Street or Highway Suffix

Post Office Box _____ Apt./Suite/Room _____ City

State Zip Code

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.

K2 Owner

Local Option ☐ Same as person involved? Then check this box and skip the rest of this section.

Business name (if applicable) Area Code Phone Number

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name MI Last Name Suffix

Number Prefix Street or Highway Suffix

Post Office Box _____ Apt./Suite/Room _____ City

State Zip Code

L Remarks:


Local Option ☐

Mr Anderson cut his head when his car hit the guardrail. Bleeding was stopped. He was released to Ace Towing Service. The towing service provider provided him with a ride from the incident. He said that his front seat caught on fire from a cigarette. He was drowsy from a prescription drug that he took.

Fire Module Required?

Check the box that applies and then complete the additional Fire mod. based on Incident Type as follows:

<input type="checkbox"/> Buildings 111	Complete Fire & Structure
<input type="checkbox"/> Special structure 112	Complete Fire Mod. & the 1 block on Structure Module
<input type="checkbox"/> Confined 113-118	Complete Basic Module
<input type="checkbox"/> Mobile Property 120-123	Complete Fire Module
<input type="checkbox"/> Vehicle 130-138	Complete Fire Module
<input type="checkbox"/> Vegetation 140-143	Complete Fire or Wildland
<input type="checkbox"/> Outside rubbish fire 150-155	Complete Basic Module
<input type="checkbox"/> Special outside fire 160-164	Complete Fire Module
<input type="checkbox"/> Crop fire 170-173	Complete Fire Module

 **ITEMS WITH A ☆ MUST ALWAYS BE COMPLETED!**

☐ More remarks? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.

M Authorization

Check box if same as Officer in charge ☐

Officer in charge ID Signature Position or rank Assignment Month Day Year

Member making report ID Signature Position or rank Assignment Month Day Year

**NFIRS 5.0 SELF STUDY PROGRAM
APPENDIX A**

Complete this side for all fires				<input type="checkbox"/> Delete <input type="checkbox"/> Change		NFIRS - 2 Fire
A	FDID <input type="text" value="921818"/>	State <input type="text" value="VA"/>	Incident Date <input type="text" value="05/03/2002"/>	Station <input type="text" value="001"/>	Incident Number <input type="text" value="0005455"/>	Exposure <input type="text" value="000"/>

B Property Details B1 <input type="text" value="0"/> <input checked="" type="checkbox"/> Not Residential <small>Estimated number of residential living units in building of origin <i>whether or not all units became involved</i></small> B2 <input type="text" value="0"/> <input type="checkbox"/> Buildings not involved <small>Number of buildings involved</small> B3 <input type="text" value="0"/> <input type="checkbox"/> None <small>Acres burned (outside fires)</small> <input type="checkbox"/> Less than one acre	C On-Site Materials or Products <input type="checkbox"/> None <small>Enter up to three codes. Check one box for each code entered.</small> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="text" value=""/> On-site material (1) </div> <div style="width: 35%;"> 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> <input type="text" value=""/> On-site material (2) </div> <div style="width: 35%;"> 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> <input type="text" value=""/> On-site material (3) </div> <div style="width: 35%;"> 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service </div> </div>
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D Ignition D1 <input type="text" value="81"/> <input type="text" value="Operator/passenger area"/> <small>Area of fire origin</small> D2 <input type="text" value="61"/> <input type="text" value="Cigarette"/> <small>Heat source</small> D3 <input type="text" value="21"/> <input type="text" value="Upholstered sofa, chair,..."/> <small>Item first ignited</small> <input type="checkbox"/> <small>Check box if fire spread was confined to object of origin</small> D4 <input type="text" value="71"/> <input type="text" value="Fabric, fiber, cotton,..."/> <small>Type of material first ignited</small> <input type="checkbox"/> <small>Required only if item first ignited code is 00 or <70</small>	E1 Cause of Ignition <input type="checkbox"/> <small>Check box if this is an exposure report.</small> ➔ <input type="checkbox"/> Skip to Section G 1 <input type="checkbox"/> Intentional 2 <input checked="" type="checkbox"/> Unintentional 3 <input type="checkbox"/> Failure of equipment or heat source 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation E2 Factors Contributing To Ignition <input type="checkbox"/> None <input type="text" value="11"/> <input type="text" value="Abandoned or discarded materials or products"/> <small>Factor contributing to ignition (1)</small> <input type="text" value=""/> <input type="text" value=""/> <small>Factor contributing to ignition (2)</small>	E3 Human Factors Contributing To Ignition <small>Check all applicable boxes</small> <input type="checkbox"/> None 1 <input type="checkbox"/> Asleep 2 <input checked="" type="checkbox"/> Possibly impaired by alcohol or drugs 3 <input type="checkbox"/> Unattended person 4 <input type="checkbox"/> Possibly mentally disabled 5 <input type="checkbox"/> Physically disabled 6 <input type="checkbox"/> Multiple persons involved 7 <input type="checkbox"/> Age was a factor <small>Estimated age of person</small> <input type="text" value=""/> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female
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F1 Equipment Involved In Ignition <input checked="" type="checkbox"/> None ➔ <small>If equipment was not involved, skip to Section G</small> <input type="text" value=""/> <input type="text" value=""/> <small>Equipment Involved</small> Brand <input type="text" value=""/> Model <input type="text" value=""/> Serial # <input type="text" value=""/> Year <input type="text" value=""/>	F2 Equipment Power Source <input type="text" value=""/> <input type="text" value=""/> <small>Equipment Power Source</small> F3 Equipment Portability 1 <input type="checkbox"/> Portable 2 <input type="checkbox"/> Stationary <small>Portable equipment normally can be moved by one person, is designed to be used in multiple locations, and requires no tools to install.</small>	G Fire Suppression Factors <small>Enter up to three codes.</small> <input checked="" type="checkbox"/> None <input type="text" value=""/> <input type="text" value=""/> <small>Fire suppression factor (1)</small> <input type="text" value=""/> <input type="text" value=""/> <small>Fire suppression factor (2)</small> <input type="text" value=""/> <input type="text" value=""/> <small>Fire suppression factor (3)</small>
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H1 Mobile Property Involved <input type="checkbox"/> None 1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input checked="" type="checkbox"/> Involved in ignition and burned <input type="text" value="Explorer"/> <input type="text" value=""/> <small>Mobile property model</small> <input type="text" value="ACZ586"/> <input type="text" value="VA"/> <input type="text" value="1F1B1E1U154X1A1B1C14151613141"/> <small>License Plate Number State VIN Number</small>	H2 Mobile Property Type & Make <input type="text" value="11"/> <input type="text" value="Passenger Car"/> <small>Mobile property type</small> <input type="text" value="F10"/> <input type="text" value="Ford"/> <small>Mobile property make</small> <input type="text" value="1999"/> <input type="text" value=""/> <small>Year</small>	Local Use <input type="checkbox"/> Pre-Fire Plan Available <small>Some of the information presented in this report may be based upon reports from other agencies:</small> <input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
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Structure fire? Please be sure to complete the other side of this form.

NFIRS-2 Revision 01/19/99

**NFIRS 5.0 SELF STUDY PROGRAM
APPENDIX A**

A FDID <u>91211818</u> State <u>VA</u> Incident Date MM <u>05</u> DD <u>03</u> YYYY <u>2002</u> Station <u>0101</u> Incident Number <u>0005455</u> Exposure <u>010</u> <div style="float: right;"> <input type="checkbox"/> Delete <input type="checkbox"/> Change </div>		NFIRS-6 EMS					
B Number of Patients <u> </u> Patient Number <u> </u> <small>Use a separate form for each patient</small>		C Date/Time Check if same date as alarm <input checked="" type="checkbox"/> Time Arrived at Patient Month <u>05</u> Day <u>04</u> Year <u>2002</u> Hour/Mins <u>01016</u> <input checked="" type="checkbox"/> Time of Patient Transfer Month <u>05</u> Day <u>04</u> Year <u>2002</u> Hour/Mins <u>01025</u>					
D Provider Impression/Assessment <input checked="" type="checkbox"/> Check one box only							
<table style="width:100%; border: none;"> <tr> <td style="width:25%; vertical-align: top;"> 10 <input type="checkbox"/> Abdominal pain 11 <input type="checkbox"/> Airway obstruction 12 <input type="checkbox"/> Allergic reaction 13 <input type="checkbox"/> Altered LOC 14 <input type="checkbox"/> Behavioral/psych 15 <input type="checkbox"/> Burns 16 <input type="checkbox"/> Cardiac arrest 17 <input type="checkbox"/> Cardiac dysrhythmia </td> <td style="width:25%; vertical-align: top;"> 18 <input type="checkbox"/> Chest pain 19 <input type="checkbox"/> Diabetic symptom 20 <input type="checkbox"/> Do not resuscitate 21 <input type="checkbox"/> Electrocutation 22 <input type="checkbox"/> General illness 23 <input checked="" type="checkbox"/> Hemorrhaging/bleeding 24 <input type="checkbox"/> Hyperthermia 25 <input type="checkbox"/> Hypothermia </td> <td style="width:25%; vertical-align: top;"> 26 <input type="checkbox"/> Hypovolemia 27 <input type="checkbox"/> Inhalation injury 28 <input type="checkbox"/> Obvious death 29 <input type="checkbox"/> OD/poisoning 30 <input type="checkbox"/> Pregnancy/OB 31 <input type="checkbox"/> Respiratory arrest 32 <input type="checkbox"/> Respiratory distress 33 <input type="checkbox"/> Seizure </td> <td style="width:25%; vertical-align: top;"> 34 <input type="checkbox"/> Sexual assault 35 <input type="checkbox"/> Sting/bite 36 <input type="checkbox"/> Stroke/CVA 37 <input type="checkbox"/> Syncope 38 <input type="checkbox"/> Trauma 00 <input type="checkbox"/> Other NN <input type="checkbox"/> None/no patient or refused treatment </td> </tr> </table>				10 <input type="checkbox"/> Abdominal pain 11 <input type="checkbox"/> Airway obstruction 12 <input type="checkbox"/> Allergic reaction 13 <input type="checkbox"/> Altered LOC 14 <input type="checkbox"/> Behavioral/psych 15 <input type="checkbox"/> Burns 16 <input type="checkbox"/> Cardiac arrest 17 <input type="checkbox"/> Cardiac dysrhythmia	18 <input type="checkbox"/> Chest pain 19 <input type="checkbox"/> Diabetic symptom 20 <input type="checkbox"/> Do not resuscitate 21 <input type="checkbox"/> Electrocutation 22 <input type="checkbox"/> General illness 23 <input checked="" type="checkbox"/> Hemorrhaging/bleeding 24 <input type="checkbox"/> Hyperthermia 25 <input type="checkbox"/> Hypothermia	26 <input type="checkbox"/> Hypovolemia 27 <input type="checkbox"/> Inhalation injury 28 <input type="checkbox"/> Obvious death 29 <input type="checkbox"/> OD/poisoning 30 <input type="checkbox"/> Pregnancy/OB 31 <input type="checkbox"/> Respiratory arrest 32 <input type="checkbox"/> Respiratory distress 33 <input type="checkbox"/> Seizure	34 <input type="checkbox"/> Sexual assault 35 <input type="checkbox"/> Sting/bite 36 <input type="checkbox"/> Stroke/CVA 37 <input type="checkbox"/> Syncope 38 <input type="checkbox"/> Trauma 00 <input type="checkbox"/> Other NN <input type="checkbox"/> None/no patient or refused treatment
10 <input type="checkbox"/> Abdominal pain 11 <input type="checkbox"/> Airway obstruction 12 <input type="checkbox"/> Allergic reaction 13 <input type="checkbox"/> Altered LOC 14 <input type="checkbox"/> Behavioral/psych 15 <input type="checkbox"/> Burns 16 <input type="checkbox"/> Cardiac arrest 17 <input type="checkbox"/> Cardiac dysrhythmia	18 <input type="checkbox"/> Chest pain 19 <input type="checkbox"/> Diabetic symptom 20 <input type="checkbox"/> Do not resuscitate 21 <input type="checkbox"/> Electrocutation 22 <input type="checkbox"/> General illness 23 <input checked="" type="checkbox"/> Hemorrhaging/bleeding 24 <input type="checkbox"/> Hyperthermia 25 <input type="checkbox"/> Hypothermia	26 <input type="checkbox"/> Hypovolemia 27 <input type="checkbox"/> Inhalation injury 28 <input type="checkbox"/> Obvious death 29 <input type="checkbox"/> OD/poisoning 30 <input type="checkbox"/> Pregnancy/OB 31 <input type="checkbox"/> Respiratory arrest 32 <input type="checkbox"/> Respiratory distress 33 <input type="checkbox"/> Seizure	34 <input type="checkbox"/> Sexual assault 35 <input type="checkbox"/> Sting/bite 36 <input type="checkbox"/> Stroke/CVA 37 <input type="checkbox"/> Syncope 38 <input type="checkbox"/> Trauma 00 <input type="checkbox"/> Other NN <input type="checkbox"/> None/no patient or refused treatment				
E1 Age or Date of Birth <u>049</u> <input type="checkbox"/> Months (for infants) Age <u> </u> <u> </u> <u> </u> OR <u> </u> <u> </u> <u> </u> Month Day Year		F1 Race 1 <input type="checkbox"/> White 2 <input checked="" type="checkbox"/> Black 3 <input type="checkbox"/> Am. Indian/Eskimo 4 <input type="checkbox"/> Asian 0 <input type="checkbox"/> Other, multi-racial U <input type="checkbox"/> Undetermined					
E2 Gender 1 <input checked="" type="checkbox"/> Male 2 <input type="checkbox"/> Female		F2 Ethnicity 1 <input type="checkbox"/> Hispanic					
G1 Human Factors Check all applicable boxes 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Unconscious 3 <input type="checkbox"/> Possibly impaired by alcohol 4 <input checked="" type="checkbox"/> Possibly impaired by drugs 5 <input type="checkbox"/> Possibly mentally disabled 6 <input type="checkbox"/> Physically disabled 7 <input type="checkbox"/> Physically restrained 8 <input type="checkbox"/> Unattended person N <input type="checkbox"/> None		G2 Other Factors <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> If an illness, not an injury, skip G2 and go to H3 </div> 1 <input type="checkbox"/> Accidental 2 <input type="checkbox"/> Self-inflicted 3 <input type="checkbox"/> Inflicted, not self N <input checked="" type="checkbox"/> None					
H1 Body Site of Injury List up to five body sites <u>1</u> Head <u> </u> <u> </u> <u> </u> <u> </u>		H2 Injury Type List one injury type for each body site listed under H1 <u>16</u> Laceration <u> </u> <u> </u> <u> </u> <u> </u>					
H3 Cause of Illness/Injury <u>29</u> Cause of illness/injury <u>Motor Vehicle</u>							
I Procedures Used Check all applicable boxes 01 <input type="checkbox"/> Airway insertion 02 <input type="checkbox"/> Anti-shock trousers 03 <input type="checkbox"/> Assist ventilation 04 <input checked="" type="checkbox"/> Bleeding control 05 <input type="checkbox"/> Burn care 06 <input type="checkbox"/> Cardiac pacing 07 <input type="checkbox"/> Cardioversion (defib) manual 08 <input type="checkbox"/> Chest/abdominal thrust 09 <input type="checkbox"/> CPR 10 <input type="checkbox"/> Cricothyroidotomy 11 <input type="checkbox"/> Defibrillation by AED 12 <input type="checkbox"/> EKG monitoring 13 <input type="checkbox"/> Extrication 14 <input type="checkbox"/> Intubation (EGTA) 15 <input type="checkbox"/> Intubation (ET) 16 <input type="checkbox"/> IO/IV therapy 17 <input type="checkbox"/> Medications therapy 18 <input type="checkbox"/> Oxygen therapy 19 <input type="checkbox"/> OB care/delivery 20 <input type="checkbox"/> Prearrival instructions 21 <input type="checkbox"/> Restrain patient 22 <input type="checkbox"/> Spinal immobilization 23 <input type="checkbox"/> Splint extremities 24 <input type="checkbox"/> Suction/aspirate NN <input type="checkbox"/> No Treatment 00 <input type="checkbox"/> Other		J Safety Equipment Used or deployed by Patient 1 <input type="checkbox"/> Safety/seat belts 2 <input type="checkbox"/> Child safety seat 3 <input type="checkbox"/> Airbag 4 <input type="checkbox"/> Helmet 5 <input type="checkbox"/> Protective clothing 6 <input type="checkbox"/> Flotation device N <input checked="" type="checkbox"/> None 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined					
K Cardiac Arrest Check all applicable boxes 1 <input type="checkbox"/> Pre-arrival arrest? If pre-arrival arrest, was it? 1 <input type="checkbox"/> Witnessed 2 <input type="checkbox"/> Bystander CPR 2 <input type="checkbox"/> Post-arrival arrest? Initial Arrest Rhythm 1 <input type="checkbox"/> V-Fib/ V-Tach 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined							
L1 Initial Level of Provider <input checked="" type="checkbox"/> 1 <input type="checkbox"/> First Responder 2 <input checked="" type="checkbox"/> EMT-B (Basic) 3 <input type="checkbox"/> EMT-I (Intermediate) 4 <input type="checkbox"/> EMT-P (Paramedic) 0 <input type="checkbox"/> Other provider N <input type="checkbox"/> No Training		L2 Highest Level of Provider On Scene 1 <input type="checkbox"/> First Responder 2 <input checked="" type="checkbox"/> EMT-B (Basic) 3 <input type="checkbox"/> EMT-I (Intermediate) 4 <input type="checkbox"/> EMT-P (Paramedic) 0 <input type="checkbox"/> Other provider N <input type="checkbox"/> No care provided					
M Patient Status 1 <input checked="" type="checkbox"/> Improved 2 <input type="checkbox"/> Remained same 3 <input type="checkbox"/> Worsened Check if: 1 <input checked="" type="checkbox"/> Pulse on Transfer		N Disposition 1 <input type="checkbox"/> FD transport to ECF 2 <input type="checkbox"/> Non-FD transport 3 <input type="checkbox"/> Non-FD trans/FD attend 4 <input type="checkbox"/> Non-emergency transfer 0 <input type="checkbox"/> Other N <input checked="" type="checkbox"/> Not transported					

NFIRS-6 Revision

**NFIRS 5.0 SELF STUDY PROGRAM
APPENDIX A**

A	FDID <input type="text" value="9121188"/>	State <input type="text" value="VA"/>	Incident Date <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="201012"/>	Station <input type="text" value=""/>	Incident Number <input type="text" value="0005455"/>	Exposure <input type="text" value="000"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 10 Personnel
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B Apparatus or Resource	Dates and Times	Sent	Number of People	Use	Actions Taken
	<input type="checkbox"/> Check if same date as alarm Month Day Year Hours/Mins	<input checked="" type="checkbox"/>		Check ONE box for each apparatus to indicate its main use at the incident. <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	List up to 4 actions for each apparatus and each personnel.

1 ID <input type="text" value="E101100"/>	Dispatch <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2002"/> <input type="text" value="1253"/> Arrival <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2002"/> <input type="text" value="1305"/> Clear <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2002"/> <input type="text" value="1440"/>	Sent <input checked="" type="checkbox"/>	<input type="text" value="004"/> #	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="11"/> <input type="text" value="51"/> <input type="text" value=""/> <input type="text" value=""/>
Type <input type="text" value="11"/>					

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text" value="105"/>	Tonya S. Gordon	Capt.	<input checked="" type="checkbox"/>	81			
<input type="text" value="214"/>	Adam C. Wallner	FF1	<input checked="" type="checkbox"/>	11	51		
<input type="text" value="111"/>	Karen M. Winner	FF2	<input checked="" type="checkbox"/>	11	51		
<input type="text" value="130"/>	Andrew B. Starwood	FF3	<input checked="" type="checkbox"/>	58			
<input type="text" value=""/>			<input type="checkbox"/>				
<input type="text" value=""/>			<input type="checkbox"/>				

2 ID <input type="text" value="E100115"/>	Dispatch <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2002"/> <input type="text" value="1253"/> Arrival <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2002"/> <input type="text" value="1305"/> Clear <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2002"/> <input type="text" value="1430"/>	Sent <input checked="" type="checkbox"/>	<input type="text" value="002"/> #	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="11"/> <input type="text" value="12"/> <input type="text" value=""/> <input type="text" value=""/>
Type <input type="text" value="14"/>					

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text" value="212"/>	Paul P. Fritz	FF2	<input checked="" type="checkbox"/>	11	12		
<input type="text" value="219"/>	Andy C. Long	FF3	<input checked="" type="checkbox"/>	12	58		
<input type="text" value=""/>			<input type="checkbox"/>				
<input type="text" value=""/>			<input type="checkbox"/>				
<input type="text" value=""/>			<input type="checkbox"/>				
<input type="text" value=""/>			<input type="checkbox"/>				

3 ID <input type="text" value="E10011"/>	Dispatch <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2002"/> <input type="text" value="1253"/> Arrival <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2002"/> <input type="text" value="1307"/> Clear <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2002"/> <input type="text" value="1440"/>	Sent <input checked="" type="checkbox"/>	<input type="text" value="002"/> #	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="86"/> <input type="text" value="32"/> <input type="text" value=""/> <input type="text" value=""/>
Type <input type="text" value="12"/>					

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text" value="317"/>	Juan M. Mills	FO2	<input checked="" type="checkbox"/>	86			
<input type="text" value="299"/>	Ronald T. Harris	FF2	<input checked="" type="checkbox"/>	32	58		
<input type="text" value=""/>			<input checked="" type="checkbox"/>				
<input type="text" value=""/>			<input type="checkbox"/>				
<input type="text" value=""/>			<input type="checkbox"/>				
<input type="text" value=""/>			<input type="checkbox"/>				

NFIRS-10 Revision